



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

MAY 24 1982

Arlene A. Hendrickson, Envr. Engr.
Ashland Chemical Company
P. O. Box 2219
Columbus, Ohio 43216

RE: Interim Status Acknowledgement USEPA ID No. OHD042311209
FACILITY NAME: Ashland Chemical Company

Dear Ms. Hendrickson:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

DSB 5/12/82
DSB 5/12/82

Enclosure

cc: Michel E. Mullier
James D. Idol, Jr.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

APR 16 1993

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

04D042311209

II. Name of Installation (Include company and specific site name)

04D042311209

ASHLAND CHEMICAL, INCORPORATED

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

12001 TOEPFER ROAD

Street (continued)

City or Town

WARREN

State

ZIP Code

MI 48089-

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

PARUS

(first)

WILLIAM

Job Title

PLANT MANAGER

Phone Number (area code and number)

313-755-1100

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ASHLAND CHEMICAL, INCORPORATED

Street, P.O. Box, or Route Number

5200 BLAZER PARKWAY

City or Town

DUBLIN

State

ZIP Code

OH 43017-

Phone Number (area code and number)

614-889-3333

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)
Month Day Year

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify 	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Bu. <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 5	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature *A. A. Huguen*

Name and Official Title (type or print)

Vice President

Date Signed

4/6/93

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

OHD042311209

REACKNOWLEDGEMENT

ASHLAND CHEMICAL COMPANY
PO BOX 2209
COLUMBUS

OH 43216

INSTALLATION ADDRESS

5200 BLAZER PARKWAY
DUBLIN

OH 43017

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.ADD Trans.-H, 9-10-81 85
OK
OHD042311209I. NAME OF IN-
STALLATIONII. INSTALLA-
TION
MAILING
ADDRESSASHLAND OIL INC
5200 PAUL G BLZR MEM PKWY
DUBLIN, OH 43017III. LOCATION
OF INSTAL-
LATION5200 PAUL G BLZR MEM PKWY
DUBLIN, OH 43017

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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I. NAME OF INSTALLATION

ASHLAND CHEMICAL COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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CITY OR TOWN

ST.

ZIP CODE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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CITY OR TOWN

ST.

ZIP CODE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DIPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

O H D 0 4 2 3 1 1 2 0 9

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY										17/21	1	
W										13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 F 0 0 7 23 - 26	6 F 0 0 8 23 - 26
7 F 0 0 9 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 N O N E 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 1 2 2 23 - 26	32 U 1 8 8 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 N O N E 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

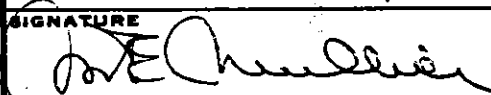
☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Michel E. Mullier Research Manager	DATE SIGNED 8/8/80
--	--	-----------------------

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

Add Trans.-H 9-10-81 SR

OHD042311209

I. NAME OF INSTALLATION

INSTALLATION
MAILING
ADDRESS

ASHLAND OIL INC

5200 PAUL G BLAZER PARKWAY

DUBLIN, OH 43017

000375 AUG 26 80

III. LOCATION
OF INSTALLATION

5200 PAUL G BLAZER PARKWAY

DUBLIN, OH 43017

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED

(yr., mo., & day)

F O H D 0 4 2 3 1 1 2 0 9 2 1

A

8 0 0 8 1 8

I. NAME OF INSTALLATION

A S H L A N D C H E M I C A L C O M P A N Y

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O B O X 2 2 1 9

CITY OR TOWN

ST.

ZIP CODE

4 C O L U M B U S

O H

4 3 2 1 6

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 5 2 0 0 B L A Z E R P A R K W A Y

CITY OR TOWN

ST.

ZIP CODE

6 D U B L I N

O H

4 3 0 1 7

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 H E N D R I C K S O N , A R L E N E

6 1 4 - 8 8 9 - 3 6 9 5

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 A S H L A N D O I L , I N C .

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

O H D 0 4 2 3 1 1 2 0 9

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 25 1980

W O H D 0 4 2 3 1 1 2 0 9 2 1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 F 0 0 7 23 - 26	6 F 0 0 8 23 - 26
7 F 0 0 9 23 - 26	8 	9 	10 	11 	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 N O N E 23 - 26	14 	15 	16 	17 	18
19 	20 	21 	22 	23 	24
25 	26 	27 	28 	29 	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

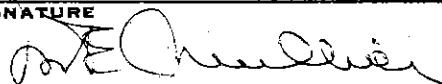
31 U 1 2 2 23 - 26	32 U 1 8 8 23 - 26	33 	34 	35 	36
37 	38 	39 	40 	41 	42
43 	44 	45 	46 	47 	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 N O N E 23 - 26	50 	51 	52 	53 	54
--------------------------	--------	--------	--------	--------	--------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☒ 1. IGNITABLE
(D001)☒ 2. CORROSIVE
(D002)☒ 3. REACTIVE
(D003)☒ 4. TOXIC
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Michel E. Mullier Research Manager	DATE SIGNED 8/8/80
--	--	-----------------------



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.
Columbus, Ohio 43266-0149
(614) 644-3020
FAX (614) 644-2329

George V. Voinovich
Governor

Donald R. Schregardus
Director

September 8, 1994

RECEIVED
WHD RECORDS CENTER

SEP 20 1994

Mr. William Olasin
Compliance Manager
Ashland Chemical Company
P.O. Box 2219
Columbus, Ohio 43216

Dear Mr. Olasin:

REGARDING EPA ID NO.: ✓ OHD042311209

LOCATION OF INSTALLATION: 5200 Blazer Parkway, Dublin, Ohio 43017

In response to your request, the following information has been updated:

Facility Name - Ashland Chemical Company

If you have any questions, please contact Maria T. Velalis at 614/644-2939.

Sincerely,

Thomas E. Crepeau, Manager
Data Management Section
Division of Hazardous Waste Management

TEC/mtv

c: U.S. EPA, Region V



Environmental, Health & Safety

G. W. Hammer
Vice President
(614) 889-3052

Ashland Chemical, Inc.
Subsidiary of
Ashland Oil, Inc.

Address Reply:
P.O. Box 2219
Columbus, Ohio 43216

April 13, 1993

RECEIVED
OHIO EPA

APR 16 1993

DIV. OF HAZARDOUS WASTE MGT

Ohio EPA
Div. of Hazardous & Solid Waste Mgmt.
Data Management Section
1800 WaterMark Drive
Columbus, OH 43215

Attn: Mr. Tom Crepeau

Dear Mr. Crepeau:

Attached you will find a request for an EPA identification number for our Warren, Michigan facility. Please forward this information to:

Ashland Chemical, Inc.
P.O. Box 2219
Columbus, Ohio 43216
Attn: Linda L. Lazich, EH&S, DA-4

I will forward this information on to our location. I understand you will be receiving new forms shortly. Please mail some of these to me as well. Thank you for your assistance in this matter. If you should have any questions please do not hesitate to contact me at 614/889-4048.

Sincerely,

Linda L. Lazich

Linda L. Lazich
Environmental, Health & Safety
Ashland Chemical, Inc.

Enc.

Headquarters
5200 Blazer Parkway
Dublin, Ohio 43017

Cable Address: Aroplaz OH
Telex: 245385
Answerback: ASHCHEM
Fax: (614) 793-6080



Ashland Chemical's
Commitment to
Quality and Productivity



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.
Columbus, Ohio 43266-0149
(614) 644-3020
FAX (614) 644-2329

George V. Voinovich
Governor

Donald R. Schregardus
Director

March 3, 1993

Ashland Chemical, Inc.
Attn: Jerry Boone
5200 Blazer Memorial Parkway
Dublin, OH 43017

RECEIVED
MAR 3 1993
RECORD CENTER

RE: EPA ID#: OHD042311209

LOCATION of INSTALLATION: 5200 Blazer Memorial Pkwy
Dublin, OH 43017

In response to your request of February 1993 the following information has been updated:

Name: Ashland Chemical Inc

Contact: Jerry Boone (614)889-3487

No longer listed as a transporter.

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

Thomas E. Crepeau, Manager
Data Management Section
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V
Ohio EPA District Office





Ashland Chemical Company

DIVISION OF ASHLAND OIL, INC.

P.O. BOX 2219 • COLUMBUS, OHIO 43216 • (614) 889-3333

ENGINEERING & ENVIRONMENTAL AFFAIRS

W. L. Tordoff
Director

September 29, 1989

RECEIVED
OCT 02 1989
OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA, REGION V

Mr. Tom Crepeau
Division of Solid and Hazardous
Waste Management
Ohio EPA
P.O. Box 1049
Columbus, OH 43266-0149

Re: Ashland Chemical, Inc.
Dublin, OH
OHD042311209

Dear Mr. Crepeau:

Ashland Chemical Company, a Division of Ashland Oil, Inc., will become Ashland Chemical, Inc., a wholly owned subsidiary of Ashland Oil, Inc., on October 1, 1989. This corporate reorganization will not affect operations at the referenced facility.

A revised EPA Form 3510 is enclosed to reflect the change to Ashland Chemical, Inc. for the Interim Status permit. The revised form also indicates a new facility contact. Formaldehyde waste (Hazardous Waste No. U122) has also been added.

Should you have any questions or require additional information, please contact me at 614/889-4035.

Sincerely,

Andrew J. Kolarsky
Manager of Environmental Compliance

AJK:dli

cc: Lisa Pierard, U.S. EPA, Region V
Chris Hartford, CDO, Ohio EPA



Ashland Chemical Company

DIVISION OF ASHLAND OIL, INC.

RESEARCH AND DEVELOPMENT DIVISION • P. O. BOX 2219, COLUMBUS, OHIO 43216 • (614) 889-3333

August 16, 1989

U.S. Environmental Protection Agency
Region V, Hazardous Waste Branch
5HR-JCK-13
230 S. Dearborn St.
Chicago, Ill 60604

RECEIVED
AUG 21 1989
OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA REGION V

Dear Sirs and Mesdames:

Ashland Chemical's Research and Development facility located at 5200 Blazer Parkway, Dublin, Ohio 43017 is covered by EPA Generator Identification No. OHDO42311209. The purpose of this letter is to notify you that, as of October 1, 1989, Ashland Chemical, a Division of Ashland Oil, Inc. will become Ashland Chemical, Inc., a wholly owned subsidiary of Ashland Oil, Inc. This corporate restructuring will not affect daily operations at the Research and Development facility.

Please call if you have any questions.

Very truly yours,

Michel E. Mullier
Manager, Research Building Services

/rjh

cc: R. G. Patrick - Ashland Chemical - DA-2
K. M. Woods - Ashland Chemical - DA-5
T. J. Weeks - Ashland Chemical - DR-3
Paul Flanigan - Ohio EPA



U. S. EPA, REGION V
800 - EPA



Ashland's Commitment
to Quality and Productivity

267-22

04D042 311209



Ashland Chemical Company

DIVISION OF ASHLAND OIL, INC.

P. O. BOX 2219, COLUMBUS, OHIO 43216 • (614) 889-3333

ENGINEERING DEPARTMENT
R. O. Spooner
Director of Engineering

January 29, 1986

U.S. EPA Region V
Federal Building
230 South Dearborn
Chicago, IL 60604

RECEIVED

FEB 03 1986

RECEIVED
FEB 03 1986
SOLID WASTE DIVISION
U.S. EPA, REGION V

Dear Sir or Madam:

SWD - AIS
U.S. EPA, REGION V

Enclosed is a revised Part A application for our Columbus Research and Development Laboratory. In response to regulatory changes regarding wastes used in a fuels program and the definition of the F001-F005 wastes, we have added the solvent storage tank storing D001 and F001, 2, 3, and 5, and drum storage of F003 and F005. The revised Part A has been sent to the facility owner in New York for signature and will be forwarded to you when received.

If you have any questions, call me on 614/889-3695.

Sincerely,

A handwritten signature in cursive script that reads "Arlene A. Hendrickson".

Arlene A. Hendrickson
Environmental Engineer

AAH:dli
Enclosure

100 COPY 2

Ashland

Ashland Chemical Company

DIVISION OF ASHLAND OIL, INC.

P. O. BOX 2219, COLUMBUS, OHIO 43216 • (614) 889-3333

ENGINEERING DEPARTMENT

R. O. Spooner
Director of Engineering

August 31, 1982



RECEIVED

SEP 13 1982

**WASTE MANAGEMENT BRANCH
EPA, REGION V**

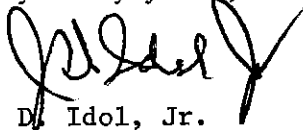
Mr. Robert D. Fragale
Technical Advisor
c/o Hazardous Waste Facility
Approval Board
P.O. Box 1049
361 Broad Street
Columbus, Ohio 43216

Dear Mr. Fragale:

Enclosed is a copy of Arlene Hendrickson's letter to you describing an error that was made in submitting the Part A RCRA application for the R&D Laboratory in Dublin, Ohio (EPA ID# OHDO42311209 and Ohio Permit No. 01-25-0118), a corrected copy of P 1 of 5 of the application, and a copy of the Part A RCRA application which was signed by me as requested by the US/EPA Region V.

If you have any questions, please call Arlene Hendrickson at 889-3695, who is the environmental engineer handling RCRA applications.

Very truly yours,


J. D. Idol, Jr.
Vice President
Research & Development

cc: Kathy Hulmer
Arthur Kawatachi
US/EPA Region V
RCRA Activities
P.O. Box 3587A
Chicago, Illinois 60690

M. E. Mullier
J. W. Boone
ROS/RCS
E-6199

Note:
G. TRS, TSD, PA

DKT

FORM 1	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permit Program</i> <i>(Read the "General Instructions" before starting.)</i>	L.E.A. I.D. NUMBER 0 H D 0 4 2 3 1 1 2 0 9
LABEL ITEMS PA I.D. NUMBER OIL FACILITY NAME FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	
		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	Ashland Chemical, Inc.
---	------	------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	Kolarsky, Andrew, Mgr. Envr. Comp.	614	889 4035

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	P.O. Box 2219	Columbus	OH	43216	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
4	5200 Blazer Parkway	Franklin	Dublin	OH	43017			

A. FIRST		B. SECOND	
7 9 9 9 9	(specify) Non-classifiable Establishments	7	(specify)
C. THIRD		D. FOURTH	
7	(specify)	7	(specify)

A. NAME		B. Is the name listed in Item VIII-A also the owner?
1	Ashland Chemical, Inc.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F - FEDERAL	M - PUBLIC (other than federal or state)	P	(specify)	C	6 1 4	8 8 9	3 3 3 3
S - STATE	O - OTHER (specify)			A			
P - PRIVATE							

5200 Blazer Parkway

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
D u b l i n										O H		4 3 0 1 7		Is the facility located on Indian lands?	
														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																																					
<table border="1"> <tr><td>E</td><td>T</td><td>I</td></tr> <tr><td>N</td><td></td><td></td></tr> <tr><td>16</td><td>17</td><td>18</td></tr> </table>										E	T	I	N			16	17	18	<table border="1"> <tr><td>E</td><td>T</td><td>I</td></tr> <tr><td>P</td><td></td><td></td></tr> <tr><td>16</td><td>17</td><td>18</td></tr> </table>										E	T	I	P			16	17	18										
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B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																																					
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16	17	18																																													
C. RCRA (Hazardous Waste)										F. OTHER (specify)																																					
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EXI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Research and Development Lab for Ashland Chemical, Inc.

NON-CERTIFICATION (see Instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<p>A. NAME & OFFICIAL TITLE (type or print) S.B. Patrick, Vice President</p>	<p>B. SIGNATURE </p>	<p>C. DATE SIGNED 9/26/89</p>
---	---	------------------------------------

COMMENTS FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY											
APPLICATION PROVED		DATE RECEIVED (yr. mo. & day)				COMMENTS					
23		24			25						

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☐ **2. NEW FACILITY** (Complete item below.)

- | YR. | | MO. | | DAY | |
|-----|--|-----|--|-----|--|
| | | | | | |
- FOR NEW FACILITIES.
 PROVIDE THE DATE
 (yr., mo., & day) OPER-
 ATION BEGAN OR IS
 EXPECTED TO BEGIN

C	YR.	MO.	DAY
8			
15	71 74	75 78	77 79

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.		MO.		DAY	
73	74	75	76	77	78

PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

☐ 2. FACILITY HAS A RCRA PERMIT

- ☒ 1. FACILITY HAS INTERIM STATUS

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY -- For each code entered in column A enter the capacity of the process.

1. **AMOUNT** – Enter the amount.
2. **UNIT OF MEASURE** – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR		
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	G
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<div style="display: flex; justify-content: space-between; align-items: center;"> DUP <div style="border: 1px solid black; padding: 2px;"> 7 1 A C 1 </div> </div>											
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)					1. AMOUNT	2. UNIT OF MEASURE (enter code)		
X-1	S 0 2	600	G			5					
X-2	T 0 3	30	E			6					
1	S 0 1	22,000	G			7					
						8					
3						9					
4						10					

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	200	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				Included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-580004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY										
W 0 H D 0 4 2 3 1 1 2 0 9 1													W DUP 2 DUP										
DESCRIPTION OF HAZARDOUS WASTES (continued)																							
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES												
											1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
1	F	0	0	2					4		T		S	0	1								
2	F	0	0	3					22		T		S	0	1								
3	F	0	0	5																		Included with above.	
4	D	0	0	1					201		T		S	0	1								
5	F	0	0	1					2		T		S	0	1								
6	F	0	0	2					2		T		S	0	1								
7	D	0	0	2					3		T		S	0	1								
8	F	0	0	3					1		T		S	0	1								
9	F	0	0	5					1		T		S	0	1								
10	U	1	2	2					1		T		S	0	1								
11																							
12																							
13																							
14																							
15																							
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21																							
22																							
23																							
24																							
25																							
26																							

IV. DESCRIPTION OF HAZARDOUS WASTES (Continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

F	O	H	D	0	4	2	3	1	1	2	0	9	T/A	C
														6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

I. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	0	5	0	2	6
40	05	02	6			

LONGITUDE (degrees, minutes, & seconds)

0	8	3	0	8	0	0	7
08	30	80	07				

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E	Rock Hill Associates, c/o Shearson Lehman/American Express, Inc.
---	--

2	1	2	3	2	1	6	0	0	0
212	321	6000							

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F	American Express Plaza, 125 Broad St.
---	---------------------------------------

G	New York
---	----------

N	Y
---	---

1	0	0	0	4
10004				

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	S. B. Patrick, Vice President, Ashland Chemical, Inc.
-------------------------	---

B. SIGNATURE	<i>S. B. Patrick</i>
--------------	----------------------

C. DATE SIGNED	5/26/85
----------------	---------

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER FOHD042314209 A-2	
SECTION I: LABEL ITEMS I. I.D. NUMBER II. FACILITY NAME III. FACILITY MAILING ADDRESS IV. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE JAN 11 1985 REV 1 A-2		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, II, V, and VI (except VI-8 which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	ASHLAND CHEMICAL COMPANY
---	--------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	HENDRICKSON ARLENE A ENVR ENGR	614	889 3695

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	PO BOX 2219	4	COLUMBUS	OH	43216

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	5200 BLAZER PARKWAY	6	RANKLIN	7	OH	43017	

CONTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
9	9	9	9	(specify)			
Non-classifiable Establishments				Rev. 1			
C. THIRD				D. FOURTH			
(specify)				A-3			

II. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
ASHLAND CHEMICAL COMPANY												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)													
F - FEDERAL				M - PUBLIC (other than federal or state)				P (specify)				D. PHONE (area code & no.)	
S - STATE				O - OTHER (specify)								6 1 4 8 8 9 3 3 3 3	
P - PRIVATE													

E. STREET OR P.O. BOX													
200 BLAZER PARKWAY													
F. CITY OR TOWN								G. STATE		H. ZIP CODE		IX. INDIAN LAND	
DUBLIN								OH		43017		Is the facility located on Indian lands?	
												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
N												P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
U												(specify)											
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
												(specify)											

X. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XI. NATURE OF BUSINESS (provide a brief description)

Research and Development Lab for Ashland Chemical Company

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
M. E. Mullier - Research Manager		<i>[Signature]</i>		Nov 12/84	
James D. Idol, Jr. - Vice President Venture		<i>[Signature]</i>		Nov 20/84	
Research & Development					

COMMENTS FOR OFFICIAL USE ONLY

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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
8		

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	22,000	G		7				
2	S 0 2	8,000	G		8				
					9				
4					10				

II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR DESCRIBING OTHER PROCESSES (code "T04"). EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

V. DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K 0 5 4	900	P	T 0 3	D 8 0		
2	D 0 0 2	400	P	T 0 3	D 8 0		
3	D 0 0 1	100	P	T 0 3	D 8 0		
4	D 0 0 2						included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE									
W O H D 0 4 2 3 1 1 2 0 9 1										W DUP 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
1	D	0	0	7	600	P	S	0	1										
2	D	0	0	6															Included with above.
3	D	0	1	1															Included with above.
4	D	0	0	8															Included with above.
5	F	0	0	2	4	T	S	0	1										
6	D	0	0	7	2	T	S	0	1										
7	D	0	0	4															Included with above.
8	D	0	0	8		T	S	0	1										
9	F	0	0	3	22	T	S	0	1										
10	F	0	0	5															Included with above.
11	D	0	0	1	201	T	S	0	1										
12	D	0	0	3	2	T	S	0	1										
13	F	0	0	1	2	T	S	0	1										
14	F	0	0	2	2	T	S	0	1										
15	F	0	0	7	1	T	S	0	1										
16	D	0	0	2	3	T	S	0	1										
17	D	0	0	1	25	T	S	0	2										
18	F	0	0	1															Included with above.
19	F	0	0	2															Included with above.
20	F	0	0	3															Included with above.
21	F	0	0	5															Included with above.
22	F	0	0	3	1	T	S	0	1										
23	F	0	0	5	1	T	S	0	1										
24																			
25																			
26																			

continued from the front.

DESCRIPTION OF HAZARDOUS WASTES (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

0 H D 0 4 2 3 1 1 2 0 9 T/A C 6

FACILITY DRAWING

existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

I. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4 0 0 5 0 2 6

LONGITUDE (degrees, minutes, & seconds)

0 8 3 0 8 0 0 7

II. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

Rock Hill Associates, c/o Shearson Lehman/American Express, Inc.

2. PHONE NO. (area code & no.)

2 1 2 - 3 2 1 - 6 0 0 0

3. STREET OR P.O. BOX

American Express Plaza, 125 Broad St.

4. CITY OR TOWN

New York

5. ST.

NY

6. ZIP CODE

1 0 0 0 4

OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

William M. Kahn
General Partner

B. SIGNATURE

C. DATE SIGNED

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

James D. Idol, Jr.

B. SIGNATURE

C. DATE SIGNED

1/2 7/86

HILLIARD, CHIC
7 1/2'

HILLIARD QUADRAN
OHIO
7.5 MINUTE SERIES (TOPOGRAPHIC)
SW/4 DUBLIN 15' QUADRANGLE

N | OHIC OCT 26 1984
7 1/2' Rev. C
UNITED STATES
DEPARTMENT OF THE I.
GEOLOGICAL SURVEY
18 MI TO U.S. 42
SHAWNEE HILLS 2.6 MI 320'





Ashland Chemical Company

DIVISION OF ASHLAND OIL, INC.

P. O. BOX 2219, COLUMBUS, OHIO 43216 • (614) 889-3333

ENGINEERING DEPARTMENT
R. O. Spooner
Director of Engineering

April 23, 1982

Mr. Robert D. Fragale
Technical Advisor
c/o Hazardous Waste Facility Approval Board
P. O. Box 1049
361 Broad Street
Columbus, Ohio 43216

Dear Mr. Fragale:

4 DRUMS
In reviewing the Hazardous Waste Facility Installation and Operation Permits for our plants, I found that the permit for our Dublin R&D Lab (Permit No. 01-25-0118) still has 55 gallons for the design capacity of the drum storage area. This indicates the size of the containers. I would like to change this to S01 44,000 G to reflect 44,000 gallons of waste stored in drums. At the time we were completing these forms for the US-EPA, I assumed they were asking for the size of the containers for storage rather than total capacity for waste storage.

If you have any questions, please feel free to call me at 889-3695.

Yours very truly,

Arlene A. Hendrickson

Arlene A. Hendrickson
Environmental Engineer

AAH/jls.

bcc: M. E. Mullier
J. W. Boone
JNE/ROS/RCS/AB/RKW
E-6199

FORM 3 RCRA		HAZ	ENVIRONMENTAL PROTECTION AGENCY US WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
				F 0 H D 0 4 2 3 1 1 2 0 9 1											

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
YR. MO. DAY 7 1 1 1 5		YR. MO. DAY 7 3 7 5 7 7 7 8	
B. REVISED APPLICATION (place an "X" below and complete Item I above)		2. FACILITY HAS A RCRA PERMIT	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	O	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP											
T/A C 1											
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)			
X-1	S 0 2	600	G		5						
X-2	T 0 3	20	E		6						
1	S 0 1	44,000	G		7						
2	S 0 2	8,000	G		8						
3					9						
4					10						

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FORM
1
GENERAL



ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER
F 0 H D 0 4 2 3 1 1 2 0 9
1 2 13 14 15

LABEL ITEMS
EPA I.D. NUMBER
III. FACILITY NAME
V. FACILITY MAILING ADDRESS
VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY
1 SKIP ASHLAND CHEMICAL COMPANY

IV. FACILITY CONTACT
A. NAME & TITLE (last, first, & title)
2 HENDRICKSON ARLENE A ENVR ENGR
B. PHONE (area code & no.)
614 889 3695

V. FACILITY MAILING ADDRESS
A. STREET OR P.O. BOX
3 P O BOX 2219
B. CITY OR TOWN
4 COLUMBUS
C. STATE
OH
D. ZIP CODE
43216

VI. FACILITY LOCATION
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5 200 BLAZER PARKWAY
B. COUNTY NAME
FRANKLIN
C. CITY OR TOWN
6 DUBLIN
D. STATE
OH
E. ZIP CODE
43017
F. COUNTY CODE (if known)

RECEIVED
MAY 14 1980

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	9	9	9	9	(specify) Non-classifiable Establishments	7				(specify)									
C. THIRD										D. FOURTH									
7					(specify)	7				(specify)									

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
ASHLAND CHEMICAL COMPANY										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) 6 1 4 8 8 9 3 3 3 3									
E. STREET OR P.O. BOX																			
5 2 0 0 BLAZER PARKWAY																			
F. CITY OR TOWN										G. STATE H. ZIP CODE									
DUBLIN										OH 4 3 0 1 7									
										IX. INDIAN LAND									
										Is the facility located on Indian lands?									
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Research and Development Lab for Ashland Chemical Company.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Michel E. Mullier Research Manager										James D. Idol, Jr. Vice President Venture Research & Development										4/16/82									
																				11/12/80									

COMMENTS FOR OFFICIAL USE ONLY

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Continued from page 2.

NOTE: Photocopy this page before completing

Do not list more than 26 wastes to list.

Form Approved OMB No. 158-S80004

705

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W 0 H D 0 4 2 3 1 1 2 0 9 7 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
1	D 0 0 7	600	P	S 0 1																					
001	D 0 0 6																							Included with above.	
001	D 0 1 1																							Included with above.	
001	D 0 0 8																							Included with above.	
5	F 0 0 2	4	T	S 0 1																					
6	D 0 0 7	2	T	S 0 1																					
000	D 0 0 4																							Included with above.	
006	D 0 0 8																							Included with above.	
9	F 0 0 3	22	T	S 0 2																					
009	F 0 0 5																							Included with above.	
11	D 0 0 1	22	T	S 0 1																					
	D 0 0 1	46	T	S 0 1																					
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTE

E. USE THIS SPACE TO LIST ADDITIONAL

tinued)

ESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)

3	2	1	0	H	D	0	4	2	3	1	1	2	0	9	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

40 05 02 60

083 08 00 70

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

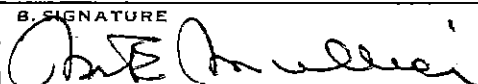
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)
Michel E. Mullier
Research Manager

B. SIGNATURE



C. DATE SIGNED

11/12/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

FORM 3 RCRA		ENVIRONMENTAL PROTECTION AGENCY										EPA I.D. NUMBER																																			
		HAZARDOUS WASTE PERMIT APPLICATION																																													
		<i>Consolidated Permits Program</i>																																													
(This information is required under Section 3005 of RCRA.)																																															
<table border="1"> <tr> <td>S</td><td>F</td><td>O</td><td>H</td><td>D</td><td>0</td><td>4</td><td>2</td><td>3</td><td>1</td><td>1</td><td>2</td><td>0</td><td>9</td> <td>T/A</td><td>C</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> </table>													S	F	O	H	D	0	4	2	3	1	1	2	0	9	T/A	C																			
S	F	O	H	D	0	4	2	3	1	1	2	0	9	T/A	C																																

FOR OFFICIAL USE ONLY

APPLICATION APPROVED		DATE RECEIVED (yr, mo, & day)	COMMENTS
21		2A - 20	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item 1 above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)									
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)							<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)		
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> C 8 13 </div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;"> YR. 71 73 74 </div> <div style="border: 1px solid black; padding: 2px;"> MO. 11 75 76 </div> <div style="border: 1px solid black; padding: 2px;"> DAY 15 77 78 </div> </div> <div style="margin-left: 10px;"> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) </div> </div>							<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> YR. 75 76 </div> <div style="border: 1px solid black; padding: 2px;"> MO. 75 76 </div> <div style="border: 1px solid black; padding: 2px;"> DAY 77 78 </div> </div> <div style="margin-left: 10px;"> FOR NEW FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN </div>		
B. REVISED APPLICATION (place an "X" below and complete Item I above)									
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS					<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT				

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (Item III-C).

8. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR		
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

5					T/A C										
C					1										
1 2					13 14 15										
DUP															
LINE NUMBER	A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY
	1. AMOUNT (specify)			2. UNIT OF MEASURE (enter code)					1. AMOUNT			2. UNIT OF MEASURE (enter code)			
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
X-1	S	0	2	600	G			5	S	0	1	55	G		
X-2	T	0	3	20	E			6	S	0	1	55	G		
1	S	0	1	55	G			7							
2	S	0	1	55	G			8							
3	S	0	1	55	G			9							
4	S	0	2	8000	G			10							

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing.

Have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

705

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY										
<div style="display: flex; justify-content: space-between;"> S W </div> <div style="display: flex; justify-content: space-between;"> 0HD042311209 T/AC </div> <div style="display: flex; justify-content: space-between;"> 12 131415 </div>															<div style="display: flex; justify-content: space-between;"> S W </div> <div style="display: flex; justify-content: space-between;"> DUP DUP </div> <div style="display: flex; justify-content: space-between;"> 12 131415232425 </div>										
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1	D	0	0	7	600								P	S	0	1									
2	D	0	0	6																					Included with above.
3	D	0	1	1																					Included with above.
4	D	0	0	8																					Included with above.
5	F	0	0	2	4								T	S	0	1									
6	D	0	0	7	2								T	S	0	1									
7	D	0	0	4																					Included with above.
8	D	0	0	8																					Included with above.
9	F	0	0	3	22								T	S	0	2									
10	F	0	0	5																					Included with above.
11	D	0	0	1	22								T	S	0	1									
12	D	0	0	1	46								T	S	0	1									
13																									
14																									
15																									
16																									
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IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	0	H	D	0	4	2	3	1	1	2	0	9		6
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V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	0	0	5	0	2	6
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0	8	3	0	8	0	0	7
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VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)											
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3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			
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IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Michel E. Mullier
Research Manager

B. SIGNATURE

James D. Idol, Jr.

C. DATE SIGNED

11/12/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. F. DRAWING (see page 4)

HILLIARD, OHIO
7 1/2'

HILLIARD QUADRANGLE
OHIO
7.5 MINUTE SERIES (TOPOGRAPHIC)
SW/4 DUBLIN 15' QUADRANGLE

NORTHWEST COLUMBUS
OHIO
7 1/2' 705

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

